Division of Health Care Facilities

PRINTED: 07/28/2011 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8001		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 02 - STATE BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 07/25/2011	
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY.	STATE, ZIP CODE		23/2011
вмітн с	OUNTY HEALTH CAR		CARTHAC	TH CARE ( SE, TN 370	DR 30		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IN PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	SHOULD BE COMPL	
	1200-8-608(2) Built (2) The condition of overall nursing home developed and main the safety and well-bassured.  This Rule is not melt Based on observation facility failed to comp Department of Health The findings include: (1) Observation of Repartment of The stalling tiles, stalling	the physical plant as environment must tained in such a makeing of residents and as evidenced by:  as evidenced by:  as evidenced by:  as it was determined by with the Tennesse and Building Standards  esident room 505, the difference of the kitchen dry standards  esident room 509 on the ring around the control of the kitchen dry standards  esident room 509 on the ring around the control of the kitchen dry standards  esident room 509 on the ring around the control of the kitchen dry standards	be nner that e d the ee s	N 832	This Plan of Correction is the center's creallegation of compliance.  Preparation and/or execution of this plan does not constitute admission or agreeme provider of the truth of the facts alleged of set forth in the statement of deficiencies. plan of correction is prepared and/or execution is prepared and/or executed by the provisions of state law.  N832 1200-8-6-8(2) Building Star Residents found to be affected by deficient practice were not identified. Residents who have the potential that affected by this deficient practice is residents of the Center.  Identified Ceiling area (1) affected stained ceiling tiles repaired. (ceiling replaced) (08/01/11)  Door ring repaired (07/25/11). Plant Operations Director will instance Center monthly to ensure continue compliance.  Inspections will be documented in centers Preventive Maintenance (PM) Log recorded in the monthly PM progrations of the Safety Committee in The Safety Committee reports to the PI Committee monthly.  To ensure continued compliance P Operations Director will report the entries on Ceiling tiles to the Safet Committee. Center inspections with reported Monthly x3 and quarterly until resolution to the Center PI (Committee for monitoring Correct will be monitored through the Center QA) Committee.	of correction in the the interest of conclusions. The entire cuted solely federal and indeed in the ed. The entire ed. The	09/09/11
of Health	h Care Facilities	in & D.		( )	uno totas		) DATE

IORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Division of Health Care Facilities

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SMITH CO HEALTH CARE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 02 - STATE BUILDING A. BUILDING B. WING TN8001 07/25/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR SMITH COUNTY HEALTH CARE CENTER CARTHAGE, TN 37030 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) N 832 1200-8-6-,08(2) Building Standards -N 832 The Membership of the PI (QA) Committee (2) The condition of the physical plant and the is: Medical Dir, Admin, DON, ADON; overall nursing home environment must be MDS Coordinator, Staff Development Dir, developed and maintained in such a manner that Directors of: Soc Services; Act; Business the safety and well-being of residents are Ofc; Dietary Services, Hskg/Laundry, assured. Maintenance, Med Records and PI (QA) Team Leader(s). This Rule is not met as evidenced by: The Administrator is responsible for overall Based on observations, it was determined the compliance. facility failed to comply with the Tennessee Department of Health Building Standards. The findings include: (1) Observation of Resident room 505, the wound care nurses' office, and the kitchen dry storage room on 7/25/11 at 8:37 AM, revealed water stained ceiling tiles. (2) Observation of Resident room 509 on 7/25/11 at 9:30 AM, revealed the ring around the door knob was loose. These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 7/25/11. ision of Health Care Facilities (X8) DATE 081211 ORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

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